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## Symposium on Clinical decision making

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# Symposium on Clinical decision making

## **Abstract**

Abstract of a symposium on Clinical decision making at the 67th Annual National Conference of the Indian Psychiatric Society (ANCIPS 2015), 8-11 January 2015, Hyderabad, India.

## **Disciplines**

Medicine and Health Sciences | Social and Behavioral Sciences

## **Publication Details**

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**Keywords:** evidence based Psychiatry, decision making, comorbidity, classification

**Background:** Clinical decision making and Intuition

Intuition is widely used in clinical decision making yet its use is underestimated compared to scientific decision-making methods. Intuition is knowing without knowing how one knows. Use of intuition in clinical practice is that it is difficult to underpin how intuition informs clinical decision-making. Strengths of unconscious processes and conscious thinking can be combined to maximize complex clinical decision-making processes to the benefit of patient situations.

Clinicians are expected to use the best available evidence in their judgments and decisions. Mental health professionals use a rapid, automatic process to recognise familiar problems instantly. Intuition could therefore involve pattern recognition, where experts draw on experiences, so could be perceived as a cognitive skill rather than a perception or knowing without knowing how. The purpose of this presentation is to gain insight into the way clinicians make decisions related to psychiatric diagnoses and interventions.

Complications with comorbidity and classification

Clinical comorbidities are increasingly recognized as the defining realities of regular clinical care. The presence of clinical comorbidities poses significant challenges to current psychiatric diagnostic systems. Since the implementation of modern psychiatric diagnostic systems and the inclusion of the multi-axial diagnostic formats, the diagnosis of comorbidity became a focus of attention for two seemingly opposite reasons. The first reason originated from one of the stated goals of these diagnostic systems, which was to improve their clinical usefulness to enhance patients' outcome by increasing the ability to recognize and therefore treat all presenting clinical problems. The presence of clinical co-morbidities poses significant challenges to current psychiatric diagnostic systems. The prevalence of comorbidity in the community and the complex interactions that occur between the two sets of disorders should raise doubts about the manner in which we continue to deal with each entity separately. The implementation of modern psychiatric diagnostic systems with the inclusion of the multi-axial diagnostic formats, made the diagnosis of comorbidity a focus of attention for two seemingly opposite reasons. The first reason originated from one of the stated goals of these diagnostic systems: to improve their clinical usefulness, to enhance patients' outcome by increasing the ability to recognize and therefore treat all presenting clinical problems. This development not only enhanced the potential for improved clinical care, but also highlighted the multiplicity of presenting conditions.

The second reason stems from the lack of documented diagnostic validity for most mental disorders, which raises serious questions about the nature of many forms of mental disorders comorbidity. That is whether they are an expression of a single condition or are they truly independent.

Clinical validity rather than aetiopathogenic validity may represent a key concept in considering comorbidity towards the future development of psychiatric classification systems. This presentation highlights the challenges clinicians face secondary to comorbid conditions while making clinical decisions

Is there an evidence for evidence based Practice?

Evidence based practice is neither a cookbook medicine nor a cost cutting venture. It is the integration of best evidence with best clinical knowledge to enhance the treatment of patients. Asking a right question followed by identifying the best available evidence before appraising the evidence and applying it to a given clinical situation are some of the fundamental steps in this process. This presentation focusses on steps in appraising the evidence and then illustrates how to integrate it with the clinical treatment decision. Concepts such as number needed to treat and how to use this to evaluate whether one treatment is better than another, brief discussions on systematic

review and evaluation of metaanalysis will be discussed during this presentation

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